

APPLICATION FORM

(PLEASE COMPLETE FULLY)

NAME (FATHER)	NAME (SON)	
AGE (FATHER)	AGE (SON)	
HANDICAP	HANDICAP	
HOME CLUB	HOME CLUB	
WHS / GHIN / GOLF IRELAND	WHS / GHIN / GOLF IRELAND	
EMAIL	EMAIL	
ACCOMMODATION PREFERENCE		
	TELEPHONE	
Hotel/Guest House/Self Catering		
- Price on Application -	ADDRESS	
How did you hear about the Tournament?		
Please indicate		
No. of years participating?		

